DOCUMENT RESUME

ED 211 870 CG 015 662

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TITLE A Cognitive Model of Depressive Onset.
PUB DATE Aug 81
NOTE 16p.; Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Cognitive Style; *Depression (Psychology); *Learning Processes; Literature Reviews; Memory; Models; *Morale; Personality Problems; *Self Concept; *Self Control
IDENTIFIERS *Moods

ABSTRACT

A model drawn from recently expanding research literature is presented to clarify the process involved in the development of clinical depression. A body of literature is reviewed that deals with information processing, specifically memory, which relates to the selective recall of negative experiences clinically seen in depressives. A second body of research dealing with the role of self-awareness is also reviewed. The impact of self-awareness on the amplification of the negative effects of low self-esteem is considered. Conclusions are offered, including that the negative effects of self-awareness occur only with a negative expectancy. The importance of schemes is also discussed. (JAC)

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A Cognitive Model of Depressive Onset

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Paper presented as part of Symposium: New Theoretical Approaches to the Psychology of Depression, P.H. Blaney, Chair, Annual Convention of the American Psychological Association, Los Angeles, August, 1981.

Comments welcome

We must begin by admitting that our title promises more than we can at this point deliver. So we'll now retitle it "Toward a cognitive model of depressive onset." Our main strategy in developing such a model has been to draw from recently growing research literatures which, while not ostensibly dealing with clinical depression, may clarify the processes involved in its development.

The first body of literature has to do with information processing in general and with memory more specifically. The findings have been recently reviewed by Bower (1981; see also Clark and Isen, in press), so we will merely summarize them. Briefly, most of the relevant research paints a rather strong and consistent picture suggesting that mood imposes an important filter on consciousness, especially with respect to memory access. There are two general classes of effects at issue, which Madigan and Bollenback (Note 1) have referred to as the state dependent effect and the cognitive loop effect. State dependency implies that one remembers what one learned while in the same mood state; cognitive loop implies that one remembers material the emotional tone of which is consistent with one's current mood. In the former case, the mood at the time of learning is crucial, the affective tone of the material is not; in the latter case, the mood at time of learning is not crucial but the affective tone of the material is. In any case, there is evidence for both effects, though at the present time there is considerably more support for the cognitive loop phenomenon than for state dependency. In addition, in everyday life, as opposed to the laboratory, the two effects may be confounded, that is, they may accompany one another and work in tandem: when in a bad mood, one may rehearse negatively toned contents. When next in a bad mood, one may return to those contents both because of their negativity and because they are what was in one's mind the last time one was in this mood.

Taken together, they seem to relate to the selective recall of negative experiences clinically seen in depressives.

Evidence of this sort is thus of great importance in suggesting the role of cognitive factors in mood perpetuation and in the escalation of mood, i.e., what is typically referred to as the vicious cycle of depression. But, in so doing, they tend to explain too much. That is, they tend to predict that, once one starts to drift away from a neutral mood, there is an inexorable, cumulative force drawing one farther and farther in the aberrant direction. They fail to account for why and how persons can stay in a more-or-less neutral mood state for substantial lengths of time and for how any return from, say, deep depression is possible. In other words, a model which accounts for mood perpetuation is fine just as long as it allows for mood termination or reversal as well.

One way of dealing with this is that suggested by Bower (1981) and by Clark and Isen (in press) and derivable from the writings of Rippere (1977) and Rehm (1977) as well, namely, to assume that there are self-control skills or techniques which persons use to short-circuit the inexorable drift toward negative mood. Though most evidence for this position is of a therapeutic sort (e.g., Fuchs & Rehm, 1977) and hence an impure test of the underlying theoretical tenet, the evidence is supportive and the position is intuitively appealing. But it leaves the following questions unanswered: Under what circumstances do people use self-control antidepressive techniques successfully, when don't they, and why? In other words, at this point appeal to the self-control idiom mainly trades one set of questions for another, though in this case it may represent progress to do so.

There is a second body of research probably less well known among students of depression, which we believe to be relevant, and hence to which much of the remainder of our paper will be devoted. It concerns self-awareness.

Our interest in the area grew out of the clinical observation that many,

perhaps all, depressed persons show a lot of self-focus, a morbid self-preoccupation. It is a point that most clinicians would probably agree with and that numerous writers have noted. Nonetheless, this excessive self-focus has not previously been viewed as important to an understanding of the processes underlying the development of depression. This may reflect a more general neglect of the effects of self-attention among psychologists, until 1972 when Duval and Wicklund published A Theory of Objective Self Awareness. Their monograph has inspired a substantial body of research since then.

There are now two major technologies for studying self-awareness. One is by manipulating it, usually by positioning a mirror in front of the subject, the other is by selecting for it, usually by the Self Consciousness Scale developed by Fenigstein and associates in 1976. We refer to the two as induced and dispositional self-focus respectively. Some studies in this tradition are, we believe, relevant to depressive phenomena. They were not intended as depression studies by their authors, but they are easily as relevant to the understanding of depression as many which have been, so we will summarize their findings, then mention a few preliminary findings of our own, and where they have led us.

The first group of studies looked at the correlation between dispositional self-consciousness and depression scores. These studies have found a significant relation between degree of self-consciousness and depression in a number of clinical samples (Pilkonis et al., 1980) and from a population of college undergraduates (Sacco & Hokanson, 1978).

The second group of studies show that self-consciousness may serve to mediate the effects of induced negative mood states. In these studies, a negative mood manipulation had the strongest effect on mood level and mood-

relevant behavior when subjects were high in dispositional or induced self-focus. Scheier and Carver (1977) crossed self-focus with the Velten (1968) mood induction and found an interaction between self-reported mood and self-consciousness: greater intensity of mood was reported when self-consciousness was high than when it was low. Fenigstein (1979) found similar results following negative social interactions: persons high in self-consciousness reacted more negatively to social rejection and unfavorable feedback than persons low in self-consciousness. Steenbarger and Aderman (1979) also examined the effects of a self-awareness manipulation when subjects received derogatory feedback which was presented as being remediable to half the subjects and irremediable to the other half. Again, an interaction emerged between self-awareness and the mood manipulation: subjects in the self-aware/irremediably bad condition showed the greatest negative affect. Carver, Blaney, and Scheier (1979) also used a self-awareness induction and considered persistence behavior on a cognitive task following an expectancy manipulation. Again, an interaction emerged; negative expectancies resulted in "giving up" only in the self awareness condition. So, in all four studies self awareness was found to potentiate the effect of a possibly mood-relevant manipulation on a depression-relevant dependent variable. The operationalizations of self awareness, the mood induction and the dependent variables differed greatly from study to study, but the pattern of results was quite consistent.

The third group of studies considered the impact of self awareness in amplifying the negative effects of low self esteem, which is an aspect of depression, and more important from a theoretical viewpoint, may be involved in depression vulnerability. Brockner and Hulton (1978) and Brockner (1979a) exposed subjects high or low in dispositional self esteem to a self-awareness manipulation during performance of a conceptual task. A consistent finding

across studies is that among low self esteem subjects, self focus appears to exacerbate performance deficits, while failing to impair the functioning of high self esteem subjects. In a sense, this study replicates with a trait--self esteem--

what the previous studies showed with mood-relevant inductions: that certain aspects of depression appear to require the co-occurence of a negative cognitive state and self-focus.

Finally, Brockner (1979b) has reported a study which incorporated both of these elements: Specifically, high and low self esteem subjects were exposed to a mood-relevant manipulation and a self-awareness manipulation; dispositional self-consciousness was also assessed. The mood-relevant manipulation involved derogatory personal feedback. As expected, two groups performed more poorly on a conceptional task

than the others: both were failure, low self esteem groups - one in which self-awareness was induced, the other in which it was present dispositionally. These results are rather consistent with those reported above.

All in all, these findings point to a position which we had, in fact, arrived at before we knew of some of these studies: that the role of self focus in depression is a moderator - that it unleashes the negative impact of a source of vulnerability, be it chronic vulnerability such as low self-esteem or a transient vulnerability, such as a failure experience. Depression, we would argue, may require that both vulnerability and self-focus be present.

Turning to our own findings, which are very preliminary, we started by collecting depression, self consciousness inventory, and life events data on a group of undergraduates. We were looking for an interaction parallel to those we've been reporting, such that depression would be seen predominantly among the high stress self conscious subgroup. This interaction did not emerge - and we will have more to say about that in a minute - but self consciousness was

clearly related to depression, which was the minimum encouragement we needed to proceed. Next, we collected depression and self consciousness scores on a sample of psychiatric inpatients - most of whom had depressive diagnoses. We did not collect life stress data on these subjects. Again, a significant relationship was seen. It was not a strong relationship, but that is OK, since the sample is restricted to begin with and since it involves a main effect where we believe that the real underlying dynamic is an interaction.

Next, in collaboration with Steven Strack and Jim Coyne, we turned to an analyses of depressed versus nondepressed performance on a cognitive task-anagrams solution. As often shown before, the depressed group solved the anagrams more slowly. More important, when asked about the extent to which they were focused on the task vs. their own adequacy with respect to it, the depressed subjects tended to report greater self focus during the anagram task, and self focus tended to be correlated with the amount of time needed to complete the task. This suggests that the so-called helplessness deficits which have been previously shown in depressives on cognitive tasks, may be dependent in part on self awareness effects.

Returning to a more theoretical vein, an important question is: exactly what kind of vulnerability factor is it that self focus is likely to magnify? We have already noted that self focus and life stress did not interact as we had hoped. As a matter of fact, Mullens and Suls (Note 2) have recently reported that high stress individuals were healthier if self aware than if they were not; this is the opposite kind of pattern from that which we would have expected.

Our current answer, which follows the reasoning recently set forth by Carver (1979), is that the negative effects of self awareness occur only when there is also a negative expectancy - when one perceives that they will be unable to deal with the negative situation at hand. In a word, the vulnerability

factor which self awareness enhances is pessimism. Perhaps the clearest portrayal of this, and of the folly of expecting a straightforward relation between life events and self focus alone, is the study described above by Steenbarger and Aderman (1979). Recall that,while all subjects in the study received derogatory feedback,half were led to believe they could alter the negative state of affairs and half were led to believe they could not. What self awareness potentiated was not the effect of the feedback per se but the message that the negative characteristic could not be overcome. This is reminiscent of a finding in the literature examining the relation between life stress and illness. Kobasa (1979) compared two groups who experienced a high degree of stress: one group developed symptoms of illness while the other group remained asymptomatic. From Kobasa's description, one senses that the group remaining healthy perceived themselves as able to withstand and overcome the stress. In any case, though we did not note it when describing them,several of the studies we cited earlier suggested that self awareness could enhance positive, nondepressive effects when a positive outcome expectancy exists.

Indeed, if this is the case, it may seem that the correlational data showing a main effect association between depression and self awareness are inconsistent with the model. This in not necessarily the case, however, since the measure of depression used is only sensitive on the depression side of the gamut.

One aspect of self-awareness which we will briefly discuss is that self-awareness initiates a process of comparing one's present behavior with a standard of behavior. Carver and Scheier (1981) have summarized a body of literature suggesting that heightened self-focus makes behavioral standards more salient and increases attempts to comform to those standards. These standards, the rules one lives by, may be idiosyncratic to the individual and may be irrational or unrealistic, as Ellis (1962) and Beck (1967) suggest is characteristic of depressives. Self-

focus may influence the effort expended trying to live up to a standard of behavior, rational or irrational, and how behavior is judged and self-rewarded. This has the following therapeutic implications: alter the existing behavioral standards and/or decrease self-awareness. While the former is suggested by other theories of depression, the latter could be derived only from the framework of the self-awareness literature.

Turning briefly from a discussion of self awareness, there is another body of literature relevant to cognitions and depression, that related to the notion of a schema. Beck (1967) discussed "schemas" in describing his model, but it is only in the past few years that the notion of self-schemas has been operationalized in a convincing way. Briefly, a schema may be defined as "an organized cluster of stored knowledge, beliefs and assumptions. . ." which imparts "both facilitative and biasing effects on the processing of personally relevant information" (Kuiper et al., in press) and, as we will note shortly, on behavior. Only a few studies (Davis, 1979 a, b; Davis and Unruh, 1981; Kuiper et al, in press) have addressed depressed/nondepressed differences in schema-related behavior. Briefly, the data suggest that with increasing severity of depression, the self-schema becomes organized around depressive concepts; also, that persons whose depression onset was relatively recent have unstable schematic organizations. Though time does not permit discussion, these studies have their problems and should probably be viewed as first approximations. We are actually more taken with the theoretical implications of other recent studies in the self concept tradition.

There is a series of studies by Swann and Reid (1981) which suggest that the self concept serves as a filter in interpersonal situations, that persons attend to and remember information which they believe will confirm their self-concept. There are two things which make the Swann and Reid (1981) studies especially germane to a discussion of depression. The first is that the self-concept dimension they considered, which Swann and Reid called "likeability,"

is very reminiscent at its negative end of the kind of low self esteem one associates with depression. The second is that they were able to show that this apparent attempt to verify one's self concept involved interpersonal behavior; so, for instance, persons who judged themselves unlikeable behaved in such a way as to increase the chances of being perceived as unlikeable, especially if they believed that their partner thought well of them. Swann and Reid were not addressing depressive phenomena per se, but their study does comprise an appealing analog of the self-perpetuating character of one's self-schema, even when it is negative, in structuring cognitive processing and interpersonal behavior. As such, it may suggest a link between cognitive and interpersonal (e.g., Coyne, 1976) models of depression.

This discussion of the importance of schemas, incidentally, leads us back to self awareness, since there are several studies which suggest that self focus may be an important contributor to, perhaps a prerequisite of, the effects of self-schemas upon mnemonic processing (e.g., Hull and Levy, 1979).

As we draw to a close, you may wonder if these proposals regarding self awareness and self-schemas relate at all to the somewhat larger literature we began the paper by summarizing, that suggesting the substantial influence of mood upon information processing. We believe that it does, and we suggest that mood functions to enhance certain aspects of the self-schema and or the world-schema. This is indeed speculative, but is incorporated in the single conception which encompasses most of the present paper: that the perception that an irremediable, serious negative state of affairs exists itself tends towards depression, and that this tendency is enhanced both by self focus and by negative mood itself, hence the vicious circle. Moreover, when as often is the case, the negative state of affairs involves a perceived personal shortcoming, it solidifies into a negative self-schema which tends to seek self-verification. Interpersonal behavior consistent with the negative self-schema is then produced which in turn, reduces support from other persons,

enhances the negative mood, and perpetuates the vicious cycle. In this way, mood, cognitions, self-focus, and interpersonal behavior mutually influence one another to produce and sustain depression.

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